

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



November 12, 2021

Ms. Donna Stone, Chief Executive Director  
Northern California Emergency Medical Services Agency  
930 Executive Way, Suite 150  
Redding, CA 96002

Dear Ms. Stone:

This letter is in response to Northern California Emergency Medical Services (EMS) Agency's 2019 EMS plan submission to the EMS Authority on July 30, 2021.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before November 9, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dave Duncan'.

Dave Duncan, MD  
Director

Enclosure

dd:lg

[illegible]

Executive Summary  
2019 EMS PLAN

The agency is guided by a nine director Board of Directors. The Board is comprised of one representative from each of the five contract counties, a hospital representative, an Emergency Medical Care Committee representative and that must be affiliated with an ambulance service and two Directors At Large.

The agency staff maintains active participation with the area's EMCCs and county fire chief's organizations. The agency staff is also involved with statewide issues through memberships in the Emergency Medical Services Administrators Association of California, the Emergency Medical Directors Association of California and affiliated sub committees of the organizations. The agency also participates actively with the EMSA Core Measures Committee.

The agency's Medical Director works under contract with duties identified in a separate contract.

Nor-Cal EMS keeps current its contracts with the five counties that have delegated LEMSA responsibilities to the agency. The contracts stipulate that all LEMSA responsibilities are delegated. These counties are Lassen, Modoc, Plumas, Sierra and Trinity. The area covers approximately 15,000 square miles with a permanent population of approximately 77,000.

All transport agencies and non-transport agencies providing AED, AED/King Airway, LALS and ALS services maintain Provider Agreements with the agency. There are seventeen transport agencies, both ground and air and more than sixty, non-transport provider agencies with agreements. Additionally the agency has base hospital, alternative base station or receiving hospital agreements with each of the seven acute care facility in the region and three out of area Base Hospital agreements. Contract renewals are tracked by means of a data base providing information of those contracts due for renewal. Currently, there are no stroke, stemi or EMSC facilities in our Region.

The agency conducted its annual Northstate Prehospital Conference in April of 2019. At each conference registrants are asked for their suggestions for future topics. This exercise has been in place at each conference as a part of the conference evaluation form. The suggestions have guided the planning committee in the selection of future topics. Typically 150 to 200 individuals are in attendance at the conference.

The agency is periodically asked for information and availability of classes. In response to these inquiries the agency puts the individual or agency requesting information together with programs



offering the needed training. In addition, the agency's website provides a calendar that identifies information on upcoming courses.

Although not a LEMSA requirement, the agency is active in program and class offerings. As referenced above, the agency has, for the past 15 years offered a Northstate Prehospital Conference each Spring. The conference offers seven units of continuing education credit for a modest registration fee at these programs.

In addition, the agency offers training and continuing education through its website. There are now in excess of twenty webcasts available with additional webcasts being offered monthly.

Further training programs are provided quarterly in conjunction with the agency's Medical Advisory Committee meetings.

During the report year there were 773 certified or accredited personnel in the Nor-Cal EMS area.

The agency actively participates and coordinates the Regional Communications Committee. The focus of the group is to coordinate frequencies, address communications issues and serve as a sounding board for communications users. While initially convening quarterly, it now is meeting less frequently, primarily due to having dealt with the issues and limitations impacted by the FCC's narrow banding policies.

While narrow banding has been in place for a number of years, the physical limitations of the FCC requirement continues to handicap and limit communications in several of our rural/remote areas.

Each First Responder agency, LALS, ALS and the area's air provider have a Provider Agreement with the agency authorizing them to be a part of the EMS system. The agreement in part stipulates that the provider agency will comply with local policies, state law and state regulations.

There are two EOAs in the Nor-Cal EMS area. One of the areas has been grandfathered with the other having been initially bid in 2005 and rebid in 2015. The successful bidder of the competitively bid EOA began their contractual obligations on July 1, 2015. The contract calls for an initial five year period with an option for an additional five year period.

Provider agreements and response zone maps have been modified accommodating the additional services.



Base Hospitals and Alternative Base Stations have been designated. Contracts are in place identifying performance responsibilities. Each of the area's seven hospitals have a contractual role related to prehospital care. Each hospital in the area is a small rural facility and each has been designated as a Critical Access Hospital. The agency maintains Base Hospital agreements with three out of area hospitals to provide medical direction to those services routinely transporting patients to these facilities.

The agency has maintained an approved Trauma Plan since 1988. Presently with five counties and seven small acute care hospitals, each designated as a Critical Access Hospital, the agency has designated two Level IV Trauma Centers. The most recent designation occurred at the end of the FY 2014-2015.

The agency requires reportable incidents to be filed formally through the use of an Unusual Occurrence Report (UOR). These are received by the agency, an investigation opened, inquiries made, interviews conducted if needed, conclusions drawn and a formal letter sent to the individual submitting the UOR and others as may be needed.

The agency is very active in planning and participating in county-wide, areawide and statewide drills. In the past year the agency participated in eleven disaster drills and attended fourteen disaster planning meetings. The agency maintains a particularly active role in coordinating and promoting participation in HAvBED drills. The agency also dedicates EMS Specialist time to MHOAC duties and responsibilities throughout each fiscal year. The MHOAC within Nor-Cal EMS participates in disaster meetings regularly.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.08		X			This standard has been met through attendance at Board of Supervisor meetings, EMCC Committee meetings with supervisor and provider participation and other provider group meetings.	
6.1		X			Through the CEMSIS System, trauma data provides opportunities to measure system compliance and determine system improvements. This is currently being enhanced with core measures data.	
6.11		X			These functions are fulfilled by the agency's Medical Director in conjunction with the agency's EMS System Specialist and IT staff. Data is also received from non-trauma centers.	
7.02		X			The agency is involved in the injury and illness prevention effort. During this year the Northstate Prehospital Conference had over 100 attendees.	
8.01		X			The agency has been involved with regional and local OES agencies, including the LEPC.	
8.05		X			Regional policies identify the control facility for the distribution of mass casualty patients.	
8.11		X			This activity has occurred in conjunction with HPP projects.	
8.12		X			This activity has occurred in conjunction with HPP projects.	
8.13		X			Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.	



Northern California EMS, Inc.  
2019 EMS Plan

Donna Stone, Chief Executive Officer  
930 Executive Way, Suite 150  
Redding, CA 96002

Submitted: 7/30/2021  
to Lisa Galindo via email



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2019 EMS PLAN

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**TABLE 1**

**MINIMUM STANDARDS/RECOMMENDED GUIDELINES  
SYSTEM ASSESSMENT FORMS**

**Reporting Year 2019**

**2.04**  
**System Assessment Form**  
**Status Update Only**

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.04 DISPATCH TRAINING

NOR-CAL EMS REPORTING YEAR 2019

##### MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

##### RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines

**CURRENT STATUS:**        **DOES NOT MEET MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

As previously reported where EMD programs exist that serve the area, those programs are based out of area and are linked to large volume providers in area. The handicap in implementation is the financial obligation for initial and ongoing training. For a small rural county this is a major barrier.

*In the recent past, the agency contacted each PSAP in the area and asked them to complete a survey. The survey asked if they had implemented EMD and if not, are they planning to implement EMD. The survey asked what the barriers were to implementation and the response was not surprising. Implementation and ongoing costs were the barriers.*

*"The decision to implement an Emergency Medical Dispatch (EMD) program shall reside at the lowest level of local government responsible for public safety dispatch services and implementation of an EMD program shall be coordinated with the local EMS agency Medical Director".*

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT - Reporting Year: 2019 EMS PLAN**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning		X	X		
1.08 ALS Planning		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X	X		
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
<b>System Finances:</b>					
1.16 Funding Mechanism		X			
<b>Medical Direction:</b>					
1.17 Medical Direction		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X			



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28 EOA Plan		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training	X				X
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan		X	X		
3.02	Radios		X	X		
3.03	Inter-facility Transfer		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/ Coordination		X			
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
4.01 Service Area Boundaries		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X			
4.11 Specialty Vehicles		X			
4.12 Disaster Response		X			
4.13 Inter-county Response		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation		X			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design	X				X
5.11	Emergency Departments		X			
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X			X
5.14	Public Input		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X			
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
<b>Universal Level:</b>					
8.01 Disaster Medical Planning		X			
8.02 Response Plans		X			
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties		X			
8.06 Needs Assessment		X			
8.07 Disaster Communications		X			
8.08 Inventory of Resources		X			
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements		X			
8.11 CCP Designation		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X			
8.14 Hospital Plans		X			
8.15 Inter-hospital Communications		X			
8.16 Prehospital Agency Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>					
8.17 ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>					
8.18 Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>					
8.19 Waiving Exclusivity		X			

## ASSESSMENT OF THE SYSTEM

Updated Comments to  
Progress are written in  
BLUE

Table 1: Summary of System Status

### System Assessment Forms

LEMSA: Northern  
California EMS, Inc.

FY: 2019

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01		✓	┐	┐	The Board composition includes a supervisor representative from each contracting county, a hospital representative, an ambulance representative and two members-at-large positions. A Medical Advisory Committee meets bi-monthly to review protocols and provide direction to the Medical Director and clinical staff.	
1.02		✓	┐	┐	EMS system evaluation is ongoing through a number of methods including broad direction from the Board of Directors, the Medical Advisory Committee and specific QI reviews. The agency has recently implemented full participation in ePCR systems by each transport provider and is preparing data pertinent to the Core Measures.	
1.03		✓	┐	┐	The agency's Board has always maintained participation by At Large Directors who represent consumer interests. Methods are in place to field concerns by consumers who have issue with system operations.	
1.05		✓	┐	┐	This Standard is being met by the completion and submittal of this plan.	
1.06		✓	┐	┐	The plan is formally updated when requested by the Authority.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has developed a Trauma Plan that was originally approved in 1990. With the departure of counties from the region, a revision was submitted in July 2011.	
1.09		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventories are updated as site inspections are periodically conducted, as prehospital updates are requested by EMSA and as resource capabilities change.	
1.11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While the geographical scope of the agency has been lessened and past special populations have been addressed, we continue to be mindful of special population needs and the ability to meet those needs.	
1.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using a variety of methods, including extensive work with system participants, Nor-Cal EMS provides oversight of field operations, trauma centers, training, QI activities and data collection.	
1.14		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notices of planned policy changes are distributed to providers as well as discussed at the Medical Advisory Committee. Additionally, policies and protocols are posted to the agency's website.	
1.15		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	These functions are fulfilled by working closely with individual provider agencies and facilities and by meeting with the Medical Advisory Committee and others. Ambulance services, non-transport agencies and hospitals enter into an agreement in which they agree to abide by local policies, protocols and state regulations and statutes. We are made aware of needed actions by the review of QI reports, patient care forms or complaints.	



Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.16		<input checked="" type="checkbox"/>			With the departure of key large counties, the agency has made transitional adjustments to align revenues with expenses. Revenues and expenses are currently in line with strategies in place to increase revenues.	
1.17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Control is well defined and functions well. Base Hospitals and Alternative Base Stations provide on-line control. Protocols are followed in the event of radio failure.	
1.18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QI efforts in the region include oversight by the agency's Medical Director and other clinical staff, base hospitals, and providers. A skills usage form is utilized in addition to data retrievable from ePCRs. The core Measures will provide further QI activities.	
1.25		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilizing physicians and MICNs, the Nor-Cal EMS region has eight acute care facilities providing medical control.	
1.26		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Nor-Cal EMS Trauma Plan was first approved in 1990. Challenges of the system deal with low volume and extended transport times, which are compounded in winter months. Within the six-county area there are eight acute hospitals, each a Critical Access Hospital. Two facilities have been designated Level IV Trauma Centers. There are no hospitals in the area that meet Level I or II designation criteria.	
1.27		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency monitors pediatric quality of care issues through its QI program and its trauma audit activities.	Determine opportunities for pediatric care enhancement that include training and equipment deployment.
1.28		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An Exclusive Area has been approved in Lassen County which was competitively bid.. Grandfathered EOAs have been approved in Plumas County and, Modoc County.	



Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a Medical Advisory Committee with representatives from area training institutions providing opportunities for training need assessment. Additionally, the agency has a cadre of First Responder instructors who remain active in offering the DOT First Responder course to those who cannot afford time for an EMT basic course.	
2.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All EMS education programs in the region, including EMT, AEMT, MICN and paramedic programs as well as continuing education programs are approved by the agency. The application process ensures that the program has the resources necessary to provide high quality instruction. Program approvals are for a two-year period, at which time they are reevaluated.	
2.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains compliance with regulatory certification requirements including disciplinary reporting requirements. A specific Unusual Occurrence report form is provided by the agency and is available to those within the EMS system as well as interested members of the public.	
2.04		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In the recent past, the agency contacted each PSAP in the area and asked them to complete a survey. The survey asked if they had implemented EMD and if not, are they planning to implement EMD. The survey asked what the barriers were to implementation and the response was not surprising. Implementation and ongoing costs were the barriers.	
2.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and protocols exist for first responders. All practitioners are required to follow protocols and are subject to disciplinary action if adherences to policies are not followed.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.12		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulations require Public Safety personnel to be trained in CPR. Current CPR training includes protocols and the use of AEDs	
2.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency approves MICN training programs and accredits those completing the course. Curriculum includes agency policies, protocols and radio use. Currently there are no approved MICN training programs in the region.	
3.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency participates in the Regional Communication Advisory and Planning Committee, which convenes quarterly.	
3.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	While the agency no longer maintains the region-wide UHF communications system, the systems of advisory groups provide opportunity to review communications issues including multi-casualty events. Handheld radios have been distributed to counties for rapid deployment in the event of a mass casualty event.	
4.01		X			These boundaries are identified on the Ambulance Zone Forms submitted to EMSA as a part of the EMS Plan.	
4.04		X			Pre-scheduled transportation has little or no effect on system operations. Responsibility to minimize or eliminate the impact of these transports on the emergency system remains the responsibility of provider agencies.	
4.05		X			Nor-Cal EMS has adopted the state's response time guidelines.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.07		X			Nor-Cal EMS supports the participation of first responder agencies into the EMS system and facilitates their participation through approval of First Responder instructors, certification of course graduates and development of provider agreements for services utilizing advanced personnel, AEDs and/or airway devices.	
4.09		X			The region is served by two air provider located within the jurisdiction and a number of providers outside the area. An aircraft zone map identifies the primary air provider for each zone and is a part of the aircraft policy.	
4.12		X			The agency has a disaster and MCI plan and works with the RDMHS, and state offices during disasters. This includes mobilization of response and transport vehicles including coordination with Ambulance Strike Teams.	
4.13		X			Units and personnel can and do operate throughout the region without regard for county boundaries. Regional approval of providers, certification/ accreditation of personnel and a regional communications system facilitate this flexibility.	
4.19		X			Exclusive operating areas exist in Lassen, Plumas and Modoc counties. The Lassen county EOAs came about through a bid process, the Modoc and Plumas County's EOAs through the grandfather process. Each transport agency must execute and maintain a provider agreement with Nor-Cal EMS, which requires that they comply with all regulations, policies, procedures and protocols of the Local EMS agency and the state of California.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.2		X			This has been done and accepted in Modoc and Plumas Counties.	
5.01		X			The agency periodically assesses and reassesses the EMS capabilities of various acute care facilities as a part of the designation of Trauma Centers, Base Hospitals and Alternative Base Stations. Written agreements exist between the agency and these facilities, which require adherence to local policies and state regulation.	
5.03		X			Nor-Cal EMS has developed an Emergency Operations Plan (EOP). The plan stipulates Nor-Cal EMS will "Assist with the coordination of the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs. Hospitals within the Nor-Cal EMS region will be required to provide hospital evacuation plans."  Nor-Cal EMS is in the process of collecting hospital evacuation plans from the hospitals within the Nor-Cal EMS region. These plans will be available to Nor-Cal EMS staff to aid in coordination and communication of patient movement and distribution.	
5.04		X			The agency has designated receiving hospitals, which are monitored through a variety of visits, audits and QI activities.	
5.05		X			Nor-Cal EMS encourages hospitals to prepare for mass casualty management, participates in exercises and promotes HEICS. The agency works closely with area hospitals and Public Health in the coordination of HAvBED exercises from the region.	



Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.06				X	<p>Nor-Cal EMS has developed an Emergency Operations Plan (EOP). The plan stipulates Nor-Cal EMS will "Assist with the coordination of the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs. Hospitals within the Nor-Cal EMS region will be required to provide hospital evacuation plans."</p> <p>Nor-Cal EMS is in the process of collecting hospital evacuation plans from the hospitals within the Nor-Cal EMS region. These plans will be available to Nor-Cal EMS staff to aid in coordination and communication of patient movement and distribution.</p>	
5.08			X		The regional trauma plan has been amended to reflect fewer participating counties. The plan incorporates all of the required features. At this point designated trauma centers are designated as Level IVs.	
5.11				X	<p>Nor-Cal EMS participated in the California Pediatric Readiness Project in July 2012. We had 100% participation from the hospitals in our region. Each hospital received a summary of their response to the survey.</p>	
5.12				X	<p>We have been attending the RTCC meeting for Region III and chair the sub-committee on Inter-facility transfers. It is our recommendation that pediatric trauma be a sub-committee of the Region III RTCC meeting.</p> <p>We also participated in the summit of Pediatric Trauma and Access to Care that was held in 2011. We support the recommendation of the California Trauma Pediatric Network and would support a statewide pediatric trauma system. We have recently initiated an ePCR program that will capture CEMSIS/NEMSIS data on pediatric trauma</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.13		X			<p>Because each of the hospitals in agency's area is a rural small hospital and each has been designated as a Critical Access Hospital, specialty care hospitals have not been designated with the exception of Level IV Trauma Centers.</p> <p>In order to best accommodate the appropriate movement of patients to the proper definitive care, an Interfacility Transfer Policy has been developed. The policy calls for hospitals to develop written policies governing transfers, develop written transfer agreements with facilities offering resources and specialty services not available internally and that the accepting facility has the capacity to care for the patient and has consented to accept the patient.</p>	
6.01		X			Lead by the agency's Medical Director and EMS Systems Specialist, the program involves the spectrum of EMS system participants. With the implementation of area-wide usage of ePCR systems QI activities will be improved for both the agency and providers.	
6.05		X			The agency is examining alternatives to the electronic PCR system currently in place, as well as the trauma data system. Any alternatives to be considered must be CEMSIS compliant. The agency continues to provide both prehospital and trauma data to EMSA.	
6.06		X		X	The agency remains active in pursuing the best means of improving its evaluation program including the exploration of improved data systems.	
6.07		X			All transport agencies now utilize an ePCR system that is CEMSIS compliant.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.08		X			This standard has been met through attendance at Board of Supervisor meetings, EMCC Committee meetings with supervisor and provider participation and other provider group meetings.	
6.1		X			Through the CEMSIS System, trauma data provides opportunities to measure system compliance and determine system improvements. This is currently being enhanced with core measures data.	
6.11		X			These functions are fulfilled by the agency's Medical Director in conjunction with the agency's EMS System Specialist and IT staff. Data is also received from non-trauma centers.	
7.02		X			The agency has been involved in several injury and illness prevention effort in the past including Think First for Kids, First There/First Care and the Northstate Prehospital Conference.	
8.01		X			The agency has been involved with regional and local OES agencies, including the LEPC.	
8.05		X			Regional policies identify the control facility for the distribution of mass casualty patients.	
8.11		X			This activity has occurred in conjunction with HPP projects.	
8.12		X			This activity has occurred in conjunction with HPP projects.	
8.13		X			Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.	

TABLE 2

SYSTEM ORGANIZATION & MANAGEMENT  
BUDGET  
FEE STRUCTURE  
ORGANIZATION/MANAGEMENT  
ORGANIZATIONAL CHART

Reporting Year 2019



**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year:        Reporting Year 2019

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1.    Percentage of population served by each level of care by county:  
      (Identify for the maximum level of service offered; the total of a, b, and c should equal 100 %.)

County: Lassen

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Modoc

A. Basic Life Support (BLS)	10%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	90%

County: Plumas

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Sierra

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Trinity

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

2. Type of agency
- a) Public Health Department
  - b) County Health Services Agency
  - c) Other (non-health) County Department
  - d) Joint Powers Agency
  - e) **Private Non-Profit Entity**
  - f) Other: \_\_\_\_\_
3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
  - b) Health Services Agency Director/Administrator
  - c) **Board of Directors**
  - d) Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<input checked="" type="checkbox"/>
Designation of trauma centers/trauma care system planning	<input checked="" type="checkbox"/>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<input checked="" type="checkbox"/>
Enforcement of ambulance service contracts	<input checked="" type="checkbox"/>
Operation of ambulance service	_____
Continuing education	<input checked="" type="checkbox"/>
Personnel training	<input checked="" type="checkbox"/>
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	<input checked="" type="checkbox"/>
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. **EXPENSES**

Salaries and benefits (All but contract personnel)	\$ 320,160.30
Contract Services (e.g. medical director)	59,840.00
Operations (e.g. copying, postage, facilities)	76,037.98
Travel	6,000.00
Fixed assets	.00
Indirect expenses (overhead)	Included in Operations
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	44,064.43
Dispatch center operations (non-staff)	N/A
Training program operations	Include in numbers above
Other: Misc. Contractual	17,771.47
Other: Legal	2,000.00
Other: Contingency	29,707.49
<b>TOTAL EXPENSES</b>	<b>\$ 555,581.67</b>

6. **SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ N/A
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	287,514.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	135,430.40
Certification fees	22,000.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	16,389.49

**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	35,583.35
Contributions	N/A
EMS Fund (SB 12/612)	48,770.93
Other grants: _____	N/A
Other fees:      Interest/Misc. Inc.	4,600.00
Other (specify): Conference, Advertising, Continuing Education	10,000.00
<b>TOTAL REVENUE</b>	<b>\$ 560,288.17</b>

***TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.***

Both Revenue and Expenses equal \$511,517.24 for the 2018-2019 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2018-2019 General Fund Budget is reflective of only the anticipated revenue for administration of the EMS Fund and does not show the pass-through dollars back to hospitals and physicians.

To report a full year of EMS Fund for this report, we used the actual figures collected and distributed for fiscal year 2018-2019. This is why the Revenue and Expenses show slightly different numbers on this report only.



**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

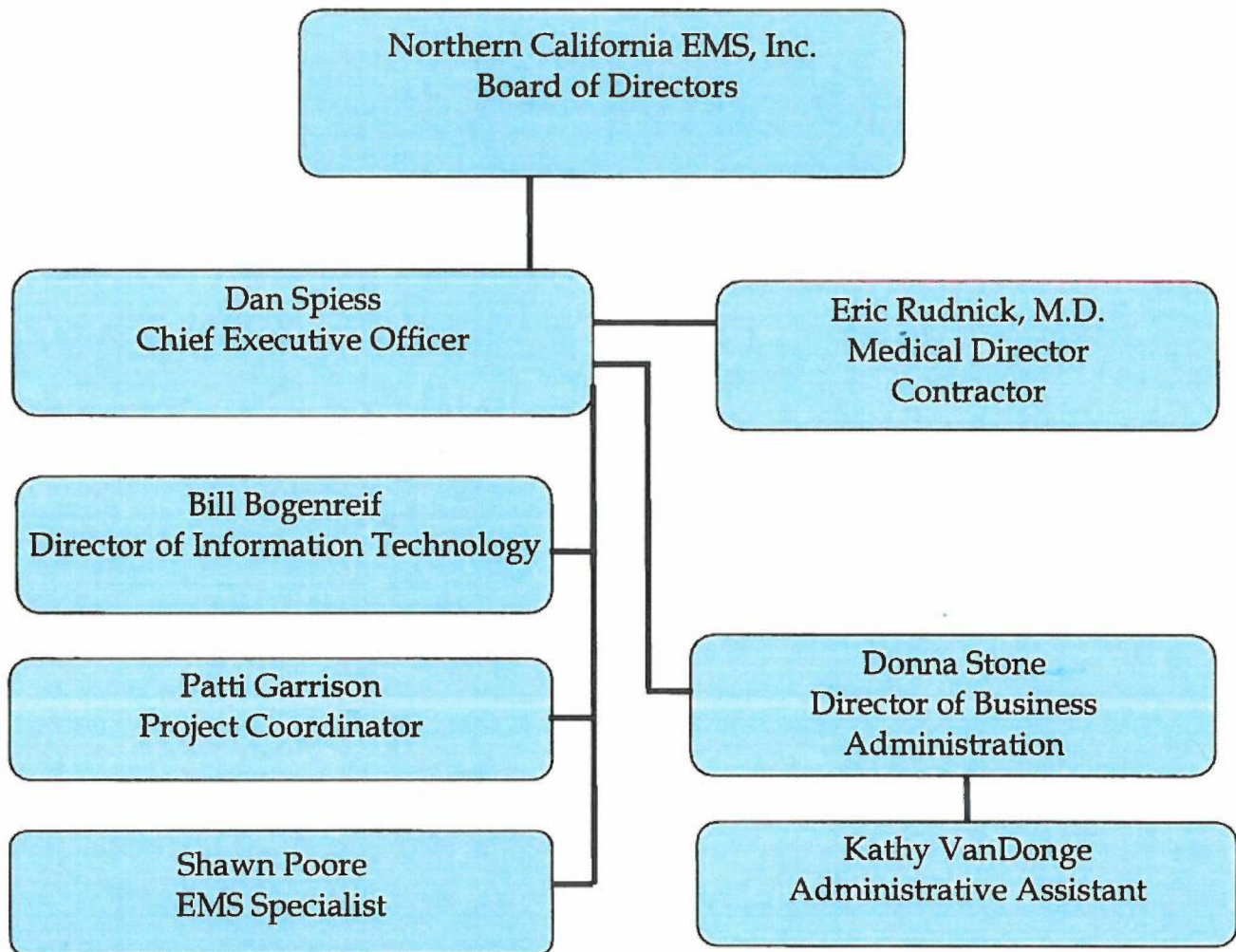
\_\_\_\_\_ We do not charge any fees

☒ Our fee structure is:

EMR certification	\$ 35.00
EMS dispatcher certification	N/A
EMT-I certification	45.00
EMT-I recertification	28.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	45.00
AEMT recertification	28.00
EMT-P accreditation	100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	100.00
MICN/ARN recertification	28.00
EMT-I training program approval	--
AEMT training program approval	--
EMT-P training program approval	--
MICN/ARN training program approval	--
Base hospital application	--
Base hospital designation	--
Trauma center application	--
Trauma center designation	--
Pediatric facility approval	--
Pediatric facility designation	--
Other critical care center application	
Type: None	
Other critical care center designation	
Type: None	
Ambulance service license	--
Ambulance vehicle permits	--
Other: ALS Ambulance Application	500.00
Other: Ambulance Provider Fee	327 - 4,820 (a)
Other: County Contract Fee	12,000 - 78,000 (a)
	(a) based on formula

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin/Coord/Director	Chief Executive Officer	40.00%	51.95	29%	Part-time position
Asst. Admin/Admin Asst/Admin Mgr.	Director Business Administration	90.00%	26.57	26%	
	Administrative Assistant	90.00%	15.58	35%	
ALS Coord./Field Coord./Trng Coordinator	EMS Specialist	45.00%	25.00		Part-time position
Program Coordinator/Field Liaison (Non-clinical)	Project Coordinator	60.00%	18.13	29%	Part-time position
Trauma Coordinator					
Medical Director	Medical Director	20.00%	85.00	--	Contract Position
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Director of Information Technology	80.00%	37.09		
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					



**TABLE 3**

**STAFFING AND TRAINING**

**REPORTING YEAR 2019**



**TABLE 3: STAFFING/TRAINING**

Reporting Year: Reporting Year 2019

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	174	7		5
Number newly certified this year	33	3		0
Number recertified this year	141	4		5
Total number of accredited personnel on July 1 of the reporting year			150	
Number of certification reviews resulting in:				
a) formal investigations	2			
b) probation	1			
c) suspensions	0			
d) revocations	0			
e) denials	1			
f) denials of renewal	0			
g) no action taken	0			

## 1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

444

333

## 2. Do you have an EMR training program

☒ yes ☐ no

TABLE 4

COMMUNICATIONS

REPORTING YEAR 2019

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2019

County: Lassen

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 0
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies? Sheriff's Office

---

7. Who is your primary dispatch agency for a disaster? Fire

---

8. Do you have an operational area disaster communication system? ☐ Yes ☒ No
  - a. Radio primary frequency \_\_\_\_\_
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system? County, Fire, MedNet, CALCORD ☒ Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☒ Yes ☐ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☒ Yes ☐ No
    - 1) Within the operational area? ☒ Yes ☐ No
    - 2) Between operation area and the region and/or state? ☒ Yes ☐ No

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Northern California EMS, Inc. Reporting Year 2019

County: Modoc

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>0</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?   | Sheriff's Office  |
| <hr/>  |   |
| 7. Who is your primary dispatch agency for a disaster?   | Sheriff's Office  |
| <hr/>  |   |
| 8. Do you have an operational area disaster communication system?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a. Radio primary frequency <u>                    </u>   |   |
| b. Other methods <u>                    </u>   |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1) Within the operational area?  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 2) Between operation area and the region and/or state?   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |



**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Northern California EMS, Inc. Reporting Year 2019

County: Plumas

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>None</u>   |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>None</u>   |
| 6. Who is your primary dispatch agency for day-to-day emergencies?   | Sheriff's Office  |
| 7. Who is your primary dispatch agency for a disaster?   | Sheriff's Office  |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency      Various  |   |
| b. Other methods      Races  |   |
| c. Can all medical response units communicate on the same disaster communications system? Unknown if all EMS follow the local TICP | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Northern California EMS, Inc. Reporting Year 2019

County: Sierra

- |   |   |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>1</u>  |
| 2. Number of secondary PSAPs  | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>0</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?  | Sheriff's Office  |
| <hr/>   |   |
| 7. Who is your primary dispatch agency for a disaster?  | Sheriff's Office  |
| <hr/>   |   |
| 8. Do you have an operational area disaster communication system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency      156.165   |   |
| b. Other methods      _____   |   |
| c. Can all medical response units communicate on the same disaster communications system? County, Fire, MedNet, CALCORD | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Northern California EMS, Inc. Reporting Year 2019

County: Trinity

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>2</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>0</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?   | Sheriff's Office  |
| <hr/>  |   |
| 7. Who is your primary dispatch agency for a disaster?   | Sheriff's Office  |
| <hr/>  |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency 154.7850 Mobile RX / 158.7600 Mobile TX   |   |
| b. Other methods: County has multi-agency radio communication system and Reverse 9-1-1                                 |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  |   |
| 2) Between operation area and the region and/or state?   |   |

TABLE 5

RESPONSE – TRANSPORTATION

REPORTING YEAR 2019



## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2019

**Note:** Table 5 is to be reported by agency.

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 17

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	19:45:42	19:45:42
Early defibrillation responder	No data available	No data available	No data available	No data available
Advanced life support responder	N/A	No data available	0:22:04	0:22:04
Transport Ambulance	N/A	0:27:31	15:57:30	0:40:00

Notes: N/A - Not Applicable

TABLE 6

FACILITIES – CRITICAL CARE

REPORTING YEAR 2019

## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year 2019

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1234</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>743</u>
3. Number of major trauma patients transferred to a trauma center	<u>11</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>480</u>

### Emergency Departments

Total number of emergency departments	<u>8</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>6</u>
3. Number of basic emergency services	<u>2</u>
4. Number of comprehensive emergency services	<u>0</u>

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>1</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7

DISASTER – MEDICAL

REPORTING YEAR 2019



## TABLE 7: DISASTER MEDICAL

Reporting Year 2019

County: Lassen

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? CCP's are mobile and based on where incidents occur as needed.
  - b. How are they staffed? Local EMS personnel, Public Health Staff, Volunteers if needed.
  - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD  
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? FRA/FRO/Decon, First Receiver.
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
State/Regional mutual aid, no other written agreements.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Public Health
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

## TABLE 7: DISASTER MEDICAL

Reporting Year 2019

County: Modoc

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Unidentified
  - b. How are they staffed? N/A
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? Decontamination
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:

Region III Counties

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health Department Agency
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?



## TABLE 7: DISASTER MEDICAL

Reporting Year 2019

County: Plumas

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Chester, Quincy, Greenville, Portola
  - b. How are they staffed? Hospital & Public Health Personnel
  - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD  
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☒ Yes ☐ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? EMT – FRO & Decon levels
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☒ Yes ☐ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
MHOAC – Public Health - RDMHS
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Director of Public Health
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

## TABLE 7: DISASTER MEDICAL

Reporting Year 2019

County: Sierra

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Do not have designated CCPs
  - b. How are they staffed? As designated by Sheriff/Coroner and staffed as needed.
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24-hour capability? ☐ Yes ☒ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☐ Yes ☒ No
  - d. Do you have the ability to do decontamination in the field? ☐ Yes ☒ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☐ Yes ☒ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement: N/A
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? There are no hospitals in Sierra County ☐ Yes ☒ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response?
- Health Care Coalition Agreement ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Sierra County Health & Humans Service
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?
- We are the Health Department ☐ Yes ☒ No



## TABLE 7: DISASTER MEDICAL

Reporting Year 2019

County: Trinity

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Weaverville Airport, Hayfork Fairgrounds
  - b. How are they staffed? EMS and Public Health staff
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? FRO/Decon
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?   
1
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
We have mutual aid through Region III RDMHS protocol; however, no independent MAAs with any counties. Would like to start one with Humboldt County eventually.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health and Human Services, OES Manager
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 8

RESPONSE – TRANSPORTATION – PROVIDERS

REPORTING YEAR 2019

Table 8: Resource Directory

Reporting Year 2019

## Response/Transportation/Providers

CORRECTED COPY 10/26/2021

County: Lassen

Provider: California Correctional Center/High  
Desert State Prison Fire Dept  
(S64-51224)

Response Zone: Inside Zone 1

Address: 711-45 Center Road  
Susanville, CA 96127

Number of Ambulance Vehicles in Fleet:

1

Phone Number: 530-257-2181

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day:

1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

6 \_\_\_\_\_ Total number of responses  
 2 \_\_\_\_\_ Number of emergency responses  
 4 \_\_\_\_\_ Number of non-emergency responses

5 \_\_\_\_\_ Total number of transports  
 1 \_\_\_\_\_ Number of emergency transports  
 4 \_\_\_\_\_ Number of non-emergency transports

Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**Table 8: Resource Directory**

**Reporting Year 2019**

**Response/Transportation/Providers**

**CORRECTED COPY 10/26/2021**

**County:** Plumas

**Provider:** Care Flight - Beckwourth  
(S64-51786)

**Response Zone:** See Aircraft Map

**Address:** Nervino Airport, 96129

**Number of Ambulance Vehicles in Fleet:** 1

**Phone Number:** 530-832-9915

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

320 Total number of responses  
314 Number of emergency responses (SCENE)  
6 Number of non-emergency responses (IFT)

307 Total number of transports  
301 Number of emergency transports (SCENE)  
6 Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2019

## Response/Transportation/Providers

County: Plumas Provider: Chester Fire (S64-50284) Response Zone: 1  
 Address: P O Box 177 Number of Ambulance Vehicles in Fleet: 3  
Chester, CA 96020  
 Phone Number: 530-258-3456 Average Number of Ambulances on Duty  
 At 12:00 p.m. (noon) on Any Given Day: 1

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

332 Total number of responses  
218 Number of emergency responses  
114 Number of non-emergency responses

295 Total number of transports  
185 Number of emergency transports  
110 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

# Table 8: Resource Directory

Reporting Year 2019

## Response/Transportation/Providers

County: Trinity Provider: Coffee Creek (S64-50303) Response Zone: 2  
 Address: P O Box 346 Number of Ambulance Vehicles in Fleet: 1  
Trinity Center, CA 96091  
 Phone Number: 530-286-2270 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Transporting Agencies

5 Total number of responses  
4 Number of emergency responses  
1 Number of non-emergency responses

1 Total number of transports  
1 Number of emergency transports  
0 Number of non-emergency transports

## Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2019

## Response/Transportation/Providers

County: Sierra Provider: Downieville Fire (S64-50346) Response Zone: 1  
 Address: P O Box 25 Number of Ambulance Vehicles in Fleet: 4  
Downieville, CA 95936  
 Phone Number: 530-289-3201 Average Number of Ambulances on Duty  
 At 12:00 p.m. (noon) on Any Given Day: 2

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

108 Total number of responses  
107 Number of emergency responses  
1 Number of non-emergency responses

91 Total number of transports  
90 Number of emergency transports  
1 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



# Table 8: Resource Directory

Reporting Year 2019

## Response/Transportation/Providers

County: **Plumas** Provider: **Eastern Plumas District Hospital (S64-50360)** Response Zone: **5 (Sierra Zone 2 & Sierra Zone 3)**

Address: **500 First Avenue** Number of Ambulance Vehicles in Fleet: **5**  
**Portola, CA 96122**

Phone Number: **530-832-4277** Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: **2**

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Transporting Agencies

1099 Total number of responses  
783 Number of emergency responses  
316 Number of non-emergency responses

842 Total number of transports  
550 Number of emergency transports  
292 Number of non-emergency transports

## Air Ambulance Services

         Total number of responses  
         Number of emergency responses  
         Number of non-emergency responses

         Total number of transports  
         Number of emergency transports  
         Number of non-emergency transports



**Table 8: Resource Directory**

**Reporting Year 2019**

**Response/Transportation/Providers**

**County:** Modoc

**Provider:** Modoc Medical Center/Last  
Frontier Health District  
(S64-50632)

**Response Zone:** 1

**Address:** 228 W. McDowell St  
Auburn, CA 96101

**Number of Ambulance Vehicles in Fleet:** 4

**Phone Number:** 530-233-5131

**Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

890 Total number of responses  
 710 Number of emergency responses  
 180 Number of non-emergency responses

798 Total number of transports  
 627 Number of emergency transports  
 171 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Reporting Year 2019**

**Response/Transportation/Providers**

County: Plumas Provider: Peninsula Fire S64-50724 Response Zone: 2  
 Address: 801 Golf Club Road Number of Ambulance Vehicles in Fleet: 2  
Lake Almanor, CA 96137  
 Phone Number: 530-259-2309 Average Number of Ambulances on Duty  
 At 12:00 p.m. (noon) on Any Given Day: 2

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

201 Total number of responses  
194 Number of emergency responses  
7 Number of non-emergency responses

102 Total number of transports  
96 Number of emergency transports  
6 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2019

## Response/Transportation/Providers

County: Plumas

Provider: PHI Ground Greenville Prog 93  
CA (S64-51725) (old Lassen  
Ambulance)

Response Zone: 3

Address: 710 Ash Street  
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: 1

Phone  
Number: 530-310-0225Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

12 Total number of responses  
 12 Number of emergency responses  
 0 Number of non-emergency responses

12 Total number of transports  
 12 Number of emergency transports  
 0 Number of non-emergency transports

Air Ambulance Services

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

# Table 8: Resource Directory

Reporting Year 2019

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## Response/Transportation/Providers

County: Lassen

Provider: PHI Air NorCal Prog 61 CA  
S64-50731

Response Zone: See Aircraft Map

Address: 471-920 Johnstonville Dr (Hanger #9)  
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: 1

Phone  
Number: 530-251-4908

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Transporting Agencies

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

## Air Ambulance Services

31 Total number of responses  
 30 Number of emergency responses (SCENE)  
 1 Number of non-emergency responses (IFT)

22 Total number of transports  
 21 Number of emergency transports (SCENE)  
 1 Number of non-emergency transports (IFT)



**Table 8: Resource Directory**

**Reporting Year 2019**

**Response/Transportation/Providers**

**County:** Plumas

**Provider:** Care Flight Ground Operations -  
Plumas (S64-50751) (AKA  
Plumas Ambulance District

**Response Zone:** 4

**Address:** 1065 Bucks Lake Road  
Quincy, CA 95971

**Number of Ambulance Vehicles in Fleet:** 3

**Phone Number:** 530-283-2127

**Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

1205 Total number of responses  
606 Number of emergency responses  
599 Number of non-emergency responses

943 Total number of transports  
477 Number of emergency transports  
466 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



Table 8: Resource Directory

Reporting Year 2019

## Response/Transportation/Providers

County: Lassen

Provider: SEMSA Ground Susanville  
Lassen Ambulance/Adin/Fall  
River Mills (S64-50873)

Response Zone: 1

Address: 1545 Paul Bunyon, Suite 3  
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 775-691-4720

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3368 Total number of responses  
 2939 Number of emergency responses  
 429 Number of non-emergency responses

2619 Total number of transports  
 2252 Number of emergency transports  
 367 Number of non-emergency transports

Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Reporting Year 2019**

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**Response/Transportation/Providers**

**County:** Lassen

**Provider:** SEMSA Air Susanville  
(S64-51803)

**Response Zone:** Zone 1  
See Aircraft Map

**Address:** 17301 Valley Mall  
Susanville, CA 96130

**Number of Ambulance Vehicles in Fleet:** 1

**Phone Number:** 530-257-9475

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

314 Total number of responses  
301 Number of emergency responses (SCENE)  
13 Number of non-emergency responses (IFT)

309 Total number of transports  
296 Number of emergency transports (SCENE)  
13 Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2019

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Response/Transportation/Providers

County: Lassen

Provider: SEMSA Ground Adin - Lassen  
Ambulance/Adin/Fall River Mills  
(S64-51811)

Response Zone: 1

Address: 205 Ash Valley Rd  
Adin, CA 96006

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-299-3110

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b>	<b>Medical Director:</b>	<b>System Available 24 Hours:</b>	<b>Level of Service:</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT

<b>Ownership:</b>	<b>If Public:</b>	<b>If Public:</b>	<b>If Air:</b>	<b>Air Classification:</b>
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

107 Total number of responses  
89 Number of emergency responses  
18 Number of non-emergency responses

84 Total number of transports  
68 Number of emergency transports  
16 Number of non-emergency transports

Air Ambulance Services

\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2019

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Response/Transportation/Providers

County: Lassen

Provider: SEMSA Air Adin - Lassen  
Ambulance/Adin/Fall River Mills  
(S64-51812)

Response Zone: See Aircraft Map

Address: 205 Ash Valley Rd  
Adin, CA 96006

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-299-3110

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

Air Ambulance Services

191 Total number of responses  
182 Number of emergency responses  
8 Number of non-emergency responses

186 Total number of transports  
179 Number of emergency transports  
7 Number of non-emergency transports



Table 8: Resource Directory

Reporting Year 2019

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## Response/Transportation/Providers

County: Lassen Provider: Sierra Army Depot (S64-51804) Response Zone: Inside Zone 1  
 Address: 74 Currant St – Box 5000 Number of Ambulance Vehicles in Fleet: 0  
Herlong, CA 961413  
 Phone Average Number of Ambulances on Duty  
 Number: 530-827-2111 At 12:00 p.m. (noon) on Any Given Day: 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>292</u>	Total number of responses	<u>0</u>	Total number of transports
<u>275</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>17</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports



**Table 8: Resource Directory**

**Reporting Year 2019**

**Response/Transportation/Providers**

**County:** Trinity

**Provider:** Southern Trinity Area Rescue  
(S64-50898)

**Response Zone:** 3

**Address:** P O Box 4  
Mad River, CA 95552

**Number of Ambulance Vehicles in Fleet:** 2

**Phone Number:** 707-574-6613

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

105 Total number of responses  
 93 Number of emergency responses  
 12 Number of non-emergency responses

62 Total number of transports  
 57 Number of emergency transports  
 5 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Reporting Year 2019**

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**Response/Transportation/Providers**

**County:** Modoc

**Provider:** Surprise Valley Hospital  
Ambulance S64-50915

**Response Zone:** 2

**Address:** P O Box 246  
Cedarville, CA 96104

**Number of Ambulance Vehicles in Fleet:** 2

**Phone Number:** 530-279-6111

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

100 Total number of responses  
44 Number of emergency responses  
56 Number of non-emergency responses

97 Total number of transports  
43 Number of emergency transports  
54 Number of non-emergency transports

**Air Ambulance Services**

         Total number of responses  
         Number of emergency responses  
         Number of non-emergency responses

         Total number of transports  
         Number of emergency transports  
         Number of non-emergency transports

**Table 8: Resource Directory**

**Reporting Year 2019**

**Response/Transportation/Providers**

County: Trinity Provider: Trinity Center F.D.(S64-50937) Response Zone: 2  
 Address: P O Box 346 Number of Ambulance Vehicles in Fleet: 1  
Trinity Center, CA 96091  
 Phone Number: 530-286-2270 Average Number of Ambulances on Duty  
 At 12:00 p.m. (noon) on Any Given Day: 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	---	---	--

**Transporting Agencies**

52 Total number of responses  
51 Number of emergency responses  
1 Number of non-emergency responses

13 Total number of transports  
13 Number of emergency transports  
0 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Reporting Year 2019**

**Response/Transportation/Providers**

**County:** Trinity

**Provider:** Trinity County Life Support  
(S64-50938)

**Response Zone:** 1

**Address:** P O Box 2907  
Weaverville, CA 96093

**Number of Ambulance Vehicles in Fleet:** 4

**Phone Number:** 530-623-2500

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	---

<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	--	---	--

**Transporting Agencies**

1424 Total number of responses  
1185 Number of emergency responses  
238 Number of non-emergency responses

1001 Total number of transports  
810 Number of emergency transports  
191 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports





Air Region	Air Ambulance Providers Assigned to Air Region	Air Region	Air Ambulance Providers Assigned to Air Region	Highest Hospital Designation	
1	<b>Mercy Flights</b> (Medford, OR) 2020 Milligan Way, 97504 42° 22' 12" N 122° 52' 36" W Base: 541-858-2600 & local 24-Hour Dispatch 24-Hour Dispatch: 1-800-786-3729	8	<b>Care Flight 1</b> (Reno, NV) 450 Edison Way, 89502 39° 30' 03" N 119° 45' 06" W Base Phone: 1-775-982-5110 24-Hour Dispatch: 1-800-648-4888	2	Level 2 Trauma Ctr.
2	<b>PHI Med 4-3</b> (Redding, CA) 5900 Old Oregon Trail, 96002 40° 31' 36" N 122° 17' 36" W Base: 530-221-0646 Local 24-Hour Dispatch: 530-225-6290 Outlying Cell to Cell Dispatch: 1-602-778-5346 Flight Dispatch: 1- 800-597-9571	9	<b>Care Flight 3</b> (Truckee, CA) 12111 Chandelie Way, 96161 39° 19' 13" N 120° 8' 58" W Base Phone: 530-587-8397 24-Hour Dispatch: 1-800-648-4888	3	Level 3 Trauma Ctr.
	<b>REACH 5</b> (Redding, CA) 1524 East St, 96001 40° 35' 5" N 122° 23' 17" W Base: 530-351-7917 24-Hour Dispatch: 1- 800-338-4045	10	<b>CALSTAR 6</b> (South Lake Tahoe, CA) 1901 Airport Rd, S Lake Tahoe, 96150 38° 53' 27" N 119° 59' 57" W Base Phone: 530-541-4035 24-Hour Dispatch: 1-800-252-5050	4	Level 4 Trauma Ctr.
3	<b>SEMSA Air 1</b> (Susanville, CA) 17301 Valley Mall, 96130 40° 22' 36" N 120° 34' 32" W Base: 530-257-9475 24-Hour Dispatch: 1-209-725-7011		<b>Care Flight 2</b> (Gardnerville, NV) Virginia Ranch Road, 89410 39° 0' 3" N 119° 45' 27" W Base Phone: 1-775-782-9522 24-Hour Dispatch: 1-800-648-4888	B	Base Hospital
	<b>PHI Med 4-5</b> (Susanville, CA) 471-920 Johnstonville Dr (Hanger #9) 96130 40° 22' 23.592" N 120° 34' 35.8674" W Base Phone: 530-251-4908 Local 24-Hour Dispatch: 530-225-6290 Outlying Cell to Cell Dispatch: 1-602-778-5346 Flight Dispatch: 1-800-597-9571	11	<b>CALSTAR 3</b> (Auburn, CA) 13750 Lincoln Way, 95603 38° 56' 02.6" N 121° 03' 12.2" W Base Phone: 530-887-0569 24-Hour Dispatch: 1-800-252-5050	H	Receiving Facility
4	<b>Enloe Flight Care</b> (Chico, CA) 1531 Esplanade Ave, 95926 39° 44' 32" N 121° 50' 57" W Base Phone: 530-332-6774 24-Hour Dispatch: 1-800-344-1863	12	<b>AirLink</b> (CCT- Klamath Falls, OR) 2500 Neff Rd, 97603 42° 09' 56.5" N 121° 45' 03.8" W Base Phone: 1-800-621-5433 24-Hour Dispatch: 1-800-621-5433	+	Clinic
5	<b>CALSTAR 4</b> (Ukiah, CA) 1351 S State St, 95482 39° 07' 49" N 123° 12' 12" W Base Phone: 1-707-462-5972 24-Hour Dispatch: 1-800-252-5050	13	<b>Care Flight 4</b> (Beckwourth, CA) Nervino Airport, 96129 39° 49' 11" N 120° 21' 17" W Base Phone: 530-832-9915 24-Hour Dispatch: 1-800-648-4888		
	<b>REACH 18</b> (Willits, CA) Willits Airport - 1320 Poppy Dr, 95490 39° 27' 09.6" N 123° 22' 24.3" W Base Phone: 1-707-494-2063 24-Hour Dispatch: 1- 800-338-4045	14	<b>LifeNet 3-4</b> (Montague, CA) 900 B Old Montague Rd, 96064 41° 43' 46" N 122° 32' 36" W Base Phone: 530-351-5148 24-Hour Dispatch: 1-855-833-9111		
6	<b>REACH 6</b> (Lakeport, CA) 4615 Highland Springs Rd, 95453 38° 59'.29" N 122° 53'.65" W Base Phone: 1-707-529-1530 24-Hour Dispatch: 1-800-338-4045	15	<b>SEMSA Air 2</b> (Adin, CA) 205 Ash Valley Rd (Co Rd 88), 96006 41° 11' 21.7" N 120° 56' 27.8" W Base Phone: 530-260-1686 24-Hour Dispatch: 1-209-725-7011		
7	<b>REACH 7</b> (Marysville, CA) Sky Harbor Dr, Olivehurst, 95961 39° 5' 36" N 121° 33' 49" W Base Phone: 1-916-208-1610 24-Hour Dispatch: 1-800-338-4045	16			



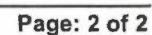


TABLE 9

FACILITIES

REPORTING YEAR 2019

**TABLE 9: FACILITIES**

Reporting Year 2019

County: Lassen

Facility: Banner-Lassen Medical CenterTelephone Number: 530-252-2000Address: 1800 Spring Ridge DriveSusanville, CA 96130

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



**TABLE 9: FACILITIES**

Reporting Year 2019

County: Modoc

Facility: Modoc Medical Center  
Address: 225 W. McDowell Ave  
Alturas, CA 96101

Telephone Number: 530-233-5131

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	---	--

<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**TABLE 9: FACILITIES**

Reporting Year 2019

County: Modoc

**Facility:** Surprise Valley Health Care District  
**Address:** 741 North Main St  
Cedarville, CA 96104

**Telephone Number:** 530-279-6111

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Alternative	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**TABLE 9: FACILITIES**

Reporting Year 2019

County: Plumas

Facility: Eastern Plumas Health Care  
Address: 500 1<sup>st</sup> Avenue  
Portola, CA 96122

Telephone Number: 530-832-6500

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**TABLE 9: FACILITIES**

Reporting Year 2019

County: Plumas

Facility: Plumas District Hospital  
Address: 1065 Bucks Lake Road  
Quincy, CA 95971

Telephone Number: 530-283-2121

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**TABLE 9: FACILITIES**

Reporting Year 2019

County: Plumas

Facility: Seneca District Hospital  
Address: 130 Brentwood Drive  
Chester, CA 96020

Telephone Number: 530-258-2648

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level IV
--	---	---

<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**TABLE 9: FACILITIES**

Reporting Year 2019

County: Trinity

Facility: Mountain Community Healthcare District  
Address: 60 Easter Avenue  
Weaverville, CA 96093

Telephone Number: 530-623-5541

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		



TABLE 10

APPROVED TRAINING PROGRAMS

REPORTING YEAR 2019

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Year 2019**

**County: Lassen**

Training Institution:		<u>Lassen Community College</u>		Telephone Number:	<u>530-257-6181</u>
Address:		<u>P O Box 3000</u>			
		<u>Susanville, CA 96130</u>			
* Student Eligibility:	Open Current CPR, FR Course or Current FR Certification	Cost of Program:	** Program Level	<u>EMT-1</u>	
		Basic: <u>\$350</u>	Number of students completing training per year:		
		Refresher: <u>\$100</u>	Initial training:	<u>20</u>	
			Refresher:	<u>10</u>	
			Continuing Education:		
			Expiration Date:	<u>11-1-2022</u>	
			Number of courses: 2		
			Initial training:	<u>1</u>	
			Refresher:	<u>1</u>	
			Continuing Education:		

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: Approved Training Programs**

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Lassen

Training Institution:	<u>Fireline EMS</u>		Telephone Number:	<u>530-260-7554</u>
Address:	<u>P.O. Box 270327 Susanville, CA 96127</u>			
* Student Eligibility:	<u>Open</u>	** Program Level	<u>EMR</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: _____	Initial training:	<u>20</u>	
	Refresher: _____	Refresher:	<u>10</u>	
		Continuing Education:		
		Expiration Date:	<u>10/15/2022</u>	
		Number of courses:		
		Initial training:	<u>1</u>	
		Refresher:	<u>1</u>	
		Continuing Education:	_____	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

TABLE 10: Approved Training Programs

CORRECTED COPY 10/26/2021

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Lassen

Training Institution: <u>USFS Lassen National Forest</u>		Telephone Number: <u>530-336-3334</u>
Address: <u>P.O. Box 220 Fall River Mills, CA 96028</u>		
* Student Eligibility: <u>Restricted</u>	** Program Level <u>EMR</u>	
Cost of Program:	Number of students completing training per year:	
Basic: _____	Initial training: _____	
Refresher: _____	Refresher: _____	
	Continuing Education: _____	
	Expiration Date: <u>5/10/2025</u>	
	Number of courses:	
	Initial training: <u>1</u>	
	Refresher: <u>1</u>	
	Continuing Education: _____	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Lassen

Training Institution:	<u>Janesville Fire Protection District</u>		Telephone Number:	<u>530-310-1154</u>
Address:	<u>463-390 MAIN ST., JANESVILLE CA 96114</u>			
* Student Eligibility:	<u>Restricted</u>	** Program Level	<u>EMR</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>          </u>	Initial training:	<u>                                </u>	
	Refresher: <u>          </u>	Refresher:	<u>                                </u>	
		Continuing Education:	<u>                                </u>	
		Expiration Date:	<u>10/5/2021</u>	
		Number of courses:		
		Initial training:	<u>1</u>	
		Refresher:	<u>1</u>	
		Continuing Education:	<u>                                </u>	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc



Reporting Year 2019

County: Lassen

Training Institution:	<u>Southern Cascades CSD</u>		Telephone Number:	<u>(530)299-3110</u>
Address:	<u>205 Ash Valley Road Adin, CA96006</u>			
* Student Eligibility:	<u>Open</u>	** Program Level	<u>EMT-1</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: _____	Initial training: _____		
	Refresher: _____	Refresher: _____		
		Continuing Education: _____		
		Expiration Date: <u>7/8/2020</u>		
		Number of courses:		
		Initial training: <u>1</u>		
		Refresher: <u>1</u>		
		Continuing Education: _____		

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Year 2019**

**County: Modoc**

Training Institution:		<u>Modoc Medical Center</u>		Telephone Number:	<u>Renae Sweet</u> <u>530-233-1272</u>
Address:		<u>228 West McDowell</u>			
		<u>Alturas, CA 96101</u>			
* Student Eligibility:	<u>Restricted</u>	** Program Level	<u>EMT-1</u>		
		Cost of Program:			
		\$100 + Book			
		Basic: <u>√</u>	Number of students completing training per year:	<u>10</u>	
		Refresher: <u>      </u>	Initial training:	<u>      </u>	
			Refresher:	<u>      </u>	
			Continuing Education:	<u>      </u>	
			Expiration Date:	<u>2/6/2022</u>	
			Number of courses:	<u>      </u>	
			Initial training:	<u>1</u>	
			Refresher:	<u>      </u>	
			Continuing Education:	<u>      </u>	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: Approved Training Programs**

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Modoc

Training Institution:	<u>Modoc Medical Center</u>		Telephone Number:	<u>Renae Sweet</u> <u>530-233-1272</u>
Address:	<u>228 West McDowell</u> <u>Alturas, CA 96101</u>			
* Student Eligibility:	<u>Restricted</u>	** Program Level	<u>EMR</u>	
		Cost of Program:		
		\$100 + Book		
		Basic: <u>√</u>	Number of students completing training per year:	
		Refresher: <u>        </u>	Initial training: <u>10</u>	
			Refresher: <u>        </u>	
			Continuing Education: <u>        </u>	
			Expiration Date: <u>3/19/2021</u>	
		Number of courses:		
		Initial training:	<u>1</u>	
		Refresher:	<u>        </u>	
		Continuing Education:	<u>        </u>	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Modoc

Training Institution:	<u>Big Sage EMS Productions</u>		Telephone Number:	<u>209-769-4737</u>
Address:	<u>Po Box 633 Cedarville, CA 96104</u>			
* Student Eligibility:	<u>Open</u>	** Program Level	<u>EMR</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>          </u>	Initial training:	<u>20</u>	
	Refresher: <u>          </u>	Refresher:	<u>          </u>	
		Continuing Education:	<u>          </u>	
		Expiration Date:	<u>2/22/2020</u>	
		Number of courses:		
		Initial training:	<u>2</u>	
		Refresher:	<u>          </u>	
		Continuing Education:	<u>          </u>	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

CORRECTED COPY 10/26/2021

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Plumas

Training Institution:		Telephone Number:		Judy Mahan 530-283-0202 ext. 235
Address:				
Feather River College				
570 Golden Eagle Ave				
Quincy, CA 95971				
* Student Eligibility:	Open	** Program Level	EMT-1	
Cost of Program:		Number of students completing training per year:		
Basic: \$230		Initial training: 40		
Refresher:		Refresher:		
		Continuing Education:		
		Expiration Date: 3/1/2022		
		Number of courses:		
		Initial training: 2		
		Refresher:		
		Continuing Education:		

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.



TABLE 10: Approved Training Programs

CORRECTED COPY 10/26/2021

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Plumas

Training Institution:	<u>Care Flight-Ground</u>		Telephone Number:	<u>530-604-6850</u>
Address:	<u>2306 Chandler Road Quincy, CA 95971</u>			
* Student Eligibility:	<u>Restricted</u>	** Program Level	<u>EMR</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: _____	Initial training: <u>40</u>		
	Refresher: _____	Refresher: _____		
		Continuing Education: _____		
		Expiration Date: <u>1/9/2023</u>		
		Number of courses:		
		Initial training: <u>2</u>		
		Refresher: _____		
		Continuing Education: _____		

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

CORRECTED COPY 10/26/2021

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Plumas

Training Institution: <u>Graeagle FPD</u>		Telephone Number: <u>530-836-1340</u>	
Address: <u>7620 Hwy 89 Graeagle, CA 96103</u>			
* Student Eligibility:	<u>Restricted</u>	** Program Level	<u>EMR</u>
	Cost of Program:		
	Basic: <u>          </u>	Number of students completing training per year:	
	Refresher: <u>          </u>	Initial training: <u>20</u>	
		Refresher: <u>          </u>	
		Continuing Education: <u>          </u>	
		Expiration Date: <u>3/21/2021</u>	
		Number of courses:	
		Initial training: <u>1</u>	
		Refresher: <u>          </u>	
		Continuing Education: <u>          </u>	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Year 2019**

**County: Plumas**

Training Institution: <u>Plumas Eureka Fire Department</u>		Telephone Number: <u>530-836-1953</u>	
Address: <u>200 Lundy Lane, Blarisden, CA 96103</u>			
* Student Eligibility: <u>Restricted</u>	** Program Level <u>EMR</u>		
	Cost of Program:	Number of students completing training per year:	
	Basic: _____	Initial training:	<u>40</u>
	Refresher: _____	Refresher:	<u>20</u>
		Continuing Education:	_____
		Expiration Date:	<u>3/31/2020</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>2</u>
		Continuing Education:	_____

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: Approved Training Programs**

TABLE 10: Approved Training Programs

CORRECTED COPY 10/26/2021

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Plumas

Training Institution:	<u>West Shore Fire Department</u>		Telephone Number:	<u>530-259-2500</u>
Address:	<u>947 Long Iron Drive Chester, CA 96020</u>			
* Student Eligibility:	<u>Restricted</u>	** Program Level	<u>EMR</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: _____	Initial training: <u>1</u>		
	Refresher: _____	Refresher: _____		
		Continuing Education: _____		
		Expiration Date: <u>5/22/2021</u>		
		Number of courses:		
		Initial training: <u>1</u>		
		Refresher: _____		
		Continuing Education: _____		

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Plumas

Training Institution:	<u>Plumas District Hospital</u>		Telephone Number:	<u>530-283-2121</u>
Address:	<u>2306 Chandler Road Quincy, CA 95971</u>			
* Student Eligibility:	<u>Open</u>	** Program Level	<u>EMT-1</u>	
		Cost of Program:		
		Basic:	Number of students completing training per year:	
		Refresher:	Initial training: _____	
			Refresher: _____	
			Continuing Education: _____	
			Expiration Date: <u>11/1/2020</u>	
			Number of courses: _____	
			Initial training: _____	
			Refresher: _____	
			Continuing Education: _____	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc



Reporting Year 2019

County: Sierra

Training Institution:	Downieville Fire Protection District		Telephone Number:	530-307-0576
Address:	PO Box 25 Downieville, CA 95936			
* Student Eligibility:	Open	** Program Level	EMR	
	Cost of Program:	Number of students completing training per year:		
	Basic:	Initial training:	10	
	Refresher:	Refresher:		
		Continuing Education:		
		Expiration Date:	2/13/2020	
		Number of courses:		
		Initial training:	1	
		Refresher:		
		Continuing Education:		

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Sierra

Training Institution:	<u>Downieville Fire Protection District</u>		Telephone Number:	<u>530-307-0576</u>
Address:	<u>PO Box 25 Downieville, CA 95936</u>			
* Student Eligibility:	<u>Open</u>	** Program Level	<u>EMT-1</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>          </u>	Initial training: <u>15</u>		
	Refresher: <u>          </u>	Refresher: <u>          </u>		
		Continuing Education: <u>          </u>		
		Expiration Date: <u>10/2/2020</u>		
		Number of courses:		
		Initial training: <u>1</u>		
		Refresher: <u>          </u>		
		Continuing Education: <u>          </u>		

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Year 2019**

**County: Sierra**

Training Institution:		<b>Downieville Fire Protection District</b>		Telephone Number:		530-307-0576	
Address:		<b>PO Box 25 Downieville, CA 95936</b>					
* Student Eligibility:	Restricted	** Program Level	AEMT				
	_____	Cost of Program:	_____				
		Basic:	_____	Number of students completing training per year:			
		Refresher:	_____	Initial training:			
				Refresher:			
				Continuing Education:			
				Expiration Date:			
				10/17/2021			
				Number of courses:			
				Initial training:			
				Refresher:			
				Continuing Education:			

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: Approved Training Programs**

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Trinity

Training Institution:	<u>Southern Trinity Area Rescue</u>		Telephone Number:	<u>Brooke Johnston</u>
Address:	<u>P O Box 4</u>			<u>707-574-6616</u>
	<u>Mad River, CA 95552</u>			
* Student Eligibility:	<u>Open</u>	** Program Level	<u>EMT-1</u>	
		Cost of Program:		
		Basic:	<u>EMT \$60</u>	Number of students completing training per year:
		Refresher:	<u>None</u>	Initial training:
				<u>12-20</u>
				Refresher:
				<u>Continuing Education:</u>
				<u>Expiration Date:</u>
				<u>11/19/2021</u>
				Number of courses: EMT-1
				Initial training:
				<u>1</u>
				Refresher:
				<u>1</u>
				Continuing Education:

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Trinity

Training Institution:	<u>Trinity County Life Support</u>		Telephone Number:	<u>530-623-2500</u>
Address:	<u>610 Washington St</u>			
	<u>Weaverville, CA 96093</u>			
* Student Eligibility:	<u>Open</u>	** Program Level	<u>EMR</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: _____	Initial training: <u>20</u>		
	Refresher: _____	Refresher: _____		
		Continuing Education: _____		
		Expiration Date: <u>3/1/2020</u>		
		Number of courses: 2		
		Initial training: <u>1</u>		
		Refresher: _____		
		Continuing Education: _____		

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.



EMS System: Northern California EMS, Inc

Reporting Year 2019

County: Trinity

Training Institution:	<u>Trinity County Life Support</u>		Telephone Number:	<u>530-623-2500</u>
Address:	<u>610 Washington St</u>			
	<u>Weaverville, CA 96093</u>			
* Student Eligibility:	<u>Open</u>	** Program Level	<u>EMT-1</u>	
		Cost of Program:		
		Basic:	<u>\$500</u>	Number of students completing training per year:
		Refresher:		Initial training: <u>10-20</u>
				Refresher: <u></u>
				Continuing Education: <u></u>
				Expiration Date: <u>3/22/2020</u>
				Number of courses: 2
				Initial training: <u>1</u>
				Refresher: <u></u>
				Continuing Education: <u></u>

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11

DISPATCH AGENCY

REPORTING YEAR 2019

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Lassen

Reporting Year 2019

Name, address & telephone: PRIMARY Lassen County's Sheriff's Office 1491 5 <sup>th</sup> St. Susanville, CA 96130			Primary Contact: Dean Growdon, Sheriff-Coroner 530-251-8013 (sheriff@co.lassen.ca.us)		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      25 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	Number of Ambulances: 0	

Name, address & telephone: PRIMARY: Susanville Interagency Fire Center 1491 5 <sup>th</sup> St. Susanville, CA 96130			Primary Contact: Josh Kern, Battalion Chief 530-257-8509 (josh.kern@fire.ca.gov)		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 1 BLS                      0 LALS      5 Other: AED/FR		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	Number of Ambulances: 0	

Name, address & telephone: PHI Air Medical 471-910 Johnstonville Dr Hangar #9 Susanville, CA 96130			Primary Contact: Erin Cox 530-949-9875 (eacox@phiairmedical.com)		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      2 ALS 0 BLS                      0 LALS      0 Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Air Medical	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Air Ambulance: 1 Rotor in Susanville and 1 Ground Ambulance in Greenville.	

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Modoc

Reporting Year 2019

Name, address & telephone:		Modoc County Sheriff's Office PO Drawer 460 – 102 So Court St Alturas, CA 96101		Primary Contact: William Dowdy, Sheriff 530-233-4416 (wdowdy@modocsheriff.us)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      4 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 6 Fire Department: 14 PSAP for County	

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year 2019

Name, address & telephone:		PRIMARY: Plumas County Sheriff's Office 1400 East Main St Quincy, CA 95971		Primary Contact: Becky Grant 530-283-6375 (beckygrant@pc50.net)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      9 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0	

Name, address & telephone:		SECONDARY: Eastern Plumas Healthcare District 500 First Avenue Portola, CA 96122		Primary Contact: Corina Corbridge 530-832-6586 (corina.corbridge@ephc.org)	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 15 BLS                      0 LALS      6 Other: RNs		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 2	

Name, address & telephone:		SECONDARY: Plumas District Hospital 1065 Bucks Lake Road Quincy, CA 95971		Primary Contact: Sam Blesse 530-283-2121 (sblesse@remsa-cf.com)	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      6 Other: RNs		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 3	



TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Sierra

Reporting Year 2019

Name, address & telephone:		Sierra County Sheriff's Office PO Box 66 100 Courthouse Square Downieville, CA 95936		Primary Contact: Michael Fisher, Sheriff-Coroner 530-289-3700 (mikefisher@sierracounty.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      5 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Trinity

Reporting Year 2019

Name, address & telephone:		Trinity County Sheriff's Office PO Box 1228 101 Memorial Way Weaverville, CA 96093		Primary Contact: Bruce Haney, Sheriff 530-623-2611 (bhaney@trinitycounty.org)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      14 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0	

EMS PLAN  
AMBULANCE ZONE SUMMARY FORMS  
AND  
ZONE MAPS  
REPORTING YEAR 2019

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc. / Lassen County
<b>Area or Subarea (Zone) Name or Title:</b>  Zone 1 (Central, West and East County Areas)
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small>  Sierra Emergency Medical Services Agency (SEMSA)
<b>Area or Subarea (Zone) Geographic Description:</b>  Refer to map
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> <ol style="list-style-type: none"><li>1. Emergency ambulance services, ground including:<ul style="list-style-type: none"><li>• all 9-1-1-/PSAP requests for ground service;</li><li>• all seven-digit telephone number requests for ground ambulance services;</li></ul></li><li>2. Inter-facility ambulance transports from a general acute care hospital in Lassen County to any other general acute care hospital, excluding those that involve ground transportation by an air-ambulance operator to an airport for additional transfer by a fixed-wing air ambulance, critical care transports, hospital based neonatal transport services, and physician-staffed ambulance transports;</li><li>3. BLS non-emergency services; and</li><li>4. Standby service with transportation authorization</li></ol>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  Competitively determined by RFP process

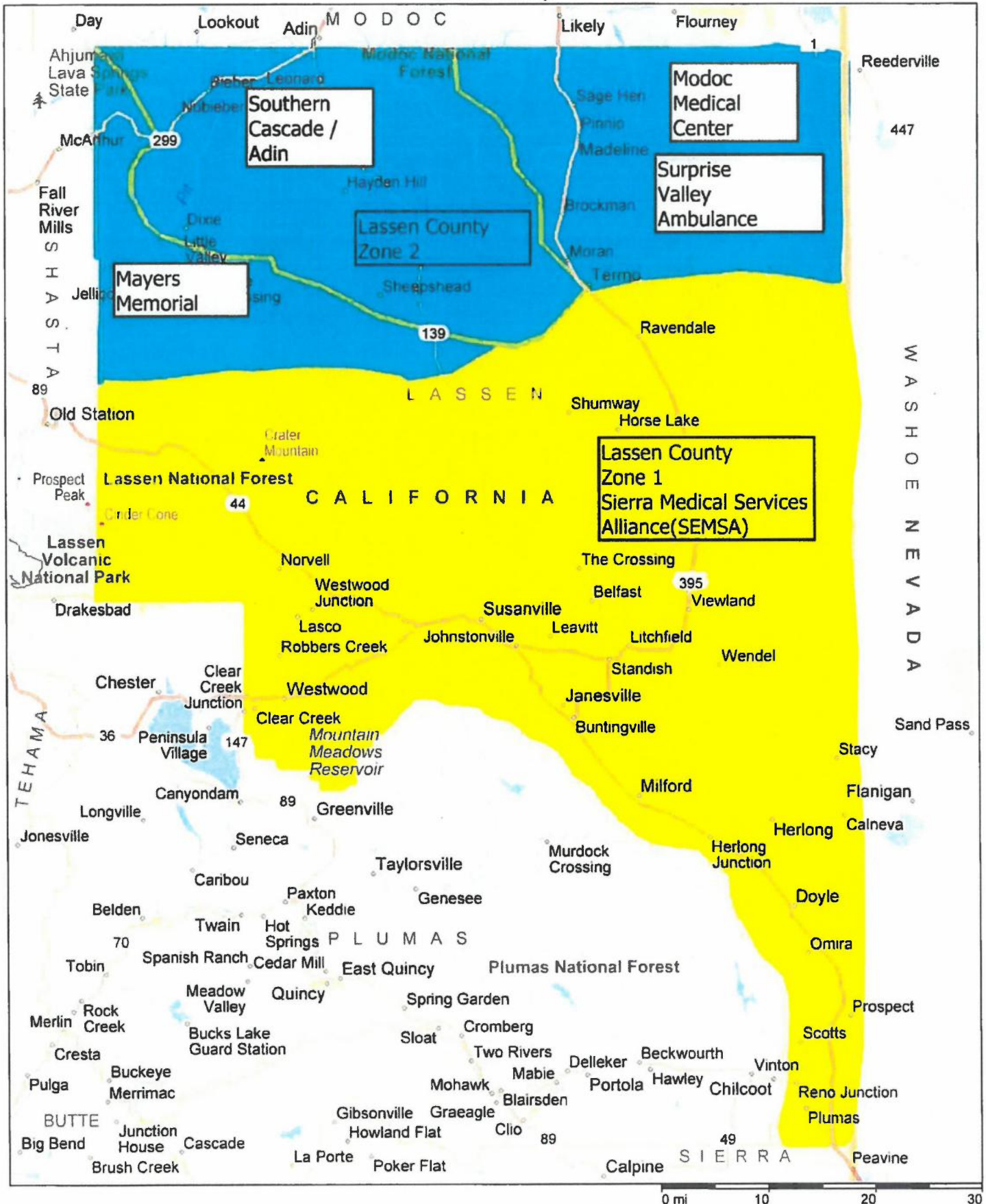
**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc. / Lassen County
<b>Area or Subarea (Zone) Name or Title:</b>  Zone 2 (North County Area)
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Southern Cascade (Adin) Mayers Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Ambulance (east-central) since the 1940s Surprise Valley Hospital Ambulance (eastern extreme)
<b>Area or Subarea (Zone) Geographic Description:</b> North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prairie Drive West: Lassen-Shasta County Line
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



# Lassen Map



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>
Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b>
Zone 1
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Last Frontier Health Care District (Modoc Medical Center)
<b>Area or subarea (Zone) Geographic Description:</b>
North on Hwy 139 from S/R 299 in Canby to C/R 91 intersection. South on C/R 91 to C/R 85 intersection (Stone Coal Valley Road-West). S/R 299 Westbound from C/R 84 to C/R 86 in the Round Valley area east of Adin. All areas of C/R 84 from S/R 299, westbound to C/R 91. All areas of C/R 85 (Stone Coal Valley Road) westbound to C/R 91. South of Alturas on Highway 395 to Termo-Grasshopper Road (Lassen C/R 515) in Lassen County. Westbound on Termo-Grasshopper Road to Westside Road. Northbound on Westside Road to Holbrook Reservoir on Lassen C/R 527 (Ash Valley Road-East) and to the MMC Ambulance normal response area.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b> Zone 2
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Surprise Valley Healthcare
<b>Area or subarea (Zone) Geographic Description:</b> Eastern extreme of Modoc County—see map
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b> Zone 3
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Southern Cascade (Adin)
<b>Area or subarea (Zone) Geographic Description:</b>  SR 299E at Big Valley Summit east through Big Valley and over Adin Pass to Modoc MP 21 on 299E. Nearest landmark is the Cal Trans Canby Bridge Sand House. West from Modoc Co Rd 84 and National Forest System Roads off of Modoc County Rd 84 ending at Modoc Co Rd 91.  East of Adin on Ash Valley Road at Holbrook Reservoir and East of SR 139 on Grasshopper Rd to the town of Thermo on US Hwy 395.  South of Adin on SR 139 to Lassen MP 33.5. Nearest landmark is Cleghorn Rd intersection of Grasshopper Fire Station.  West – follows the peak of the Big Valley Mountain Range from the Summit of Big Valley Mountain to the ridgeline of Whitehorse Mountain Range then to the corner of Modoc, Shasta, Siskiyou Counties through Modoc County into Siskiyou County and the Northern Pacific Power Intertie. Line then travels north and east of the Burnt Lava Flow over Border Mountain to the Southeast Corner of the Glass Mountain Geologic Area - then east to the intersection of Modoc Co Rd and Hwy 139.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b> Zone 4
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Basin Ambulance and Lakeview Disaster Response (Oregon)
<b>Area or subarea (Zone) Geographic Description:</b> Northwest Modoc County – See map
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

**Local EMS Agency or County Name:**

Northern California EMS, Inc./ Modoc County

**Area or subarea (Zone) Name or Title:**

Zone 5

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Mayers Memorial Hospital

**Area or subarea (Zone) Geographic Description:**

S/R 299 at Big Valley Summit east bound through the Town of Adin to C/R 86 in the Round Valley area. East of Adin on C/R 88 (Modoc) / C/R 527 (Lassen) on the Ash Valley Road to Holbrook Reservoir. South of the Town of Adin on Hwy. 139 to the Willow Creek USFS Campground. C/ R 87 west bound from the Town of Adin to C/R 91 in Lookout Rural. C/R 91 north from S/R 299 in the Town of Bieber to the intersection of C/R 85 (Stone Coal Valley Road -West). All area(s) west of C/R 91 to the Mayers Ambulance normal response area.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

**Local EMS Agency or County Name:**

Northern California EMS, Inc./ Modoc County

**Area or subarea (Zone) Name or Title:**

Zone 5

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Mayers Memorial Hospital

**Area or subarea (Zone) Geographic Description:**

S/R 299 at Big Valley Summit east bound through the Town of Adin to C/R 86 in the Round Valley area. East of Adin on C/R 88 (Modoc) / C/R 527 (Lassen) on the Ash Valley Road to Holbrook Reservoir. South of the Town of Adin on Hwy. 139 to the Willow Creek USFS Campground. C/ R 87 west bound from the Town of Adin to C/R 91 in Lookout Rural. C/R 91 north from S/R 299 in the Town of Bieber to the intersection of C/R 85 (Stone Coal Valley Road -West). All area(s) west of C/R 91 to the Mayers Ambulance normal response area.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

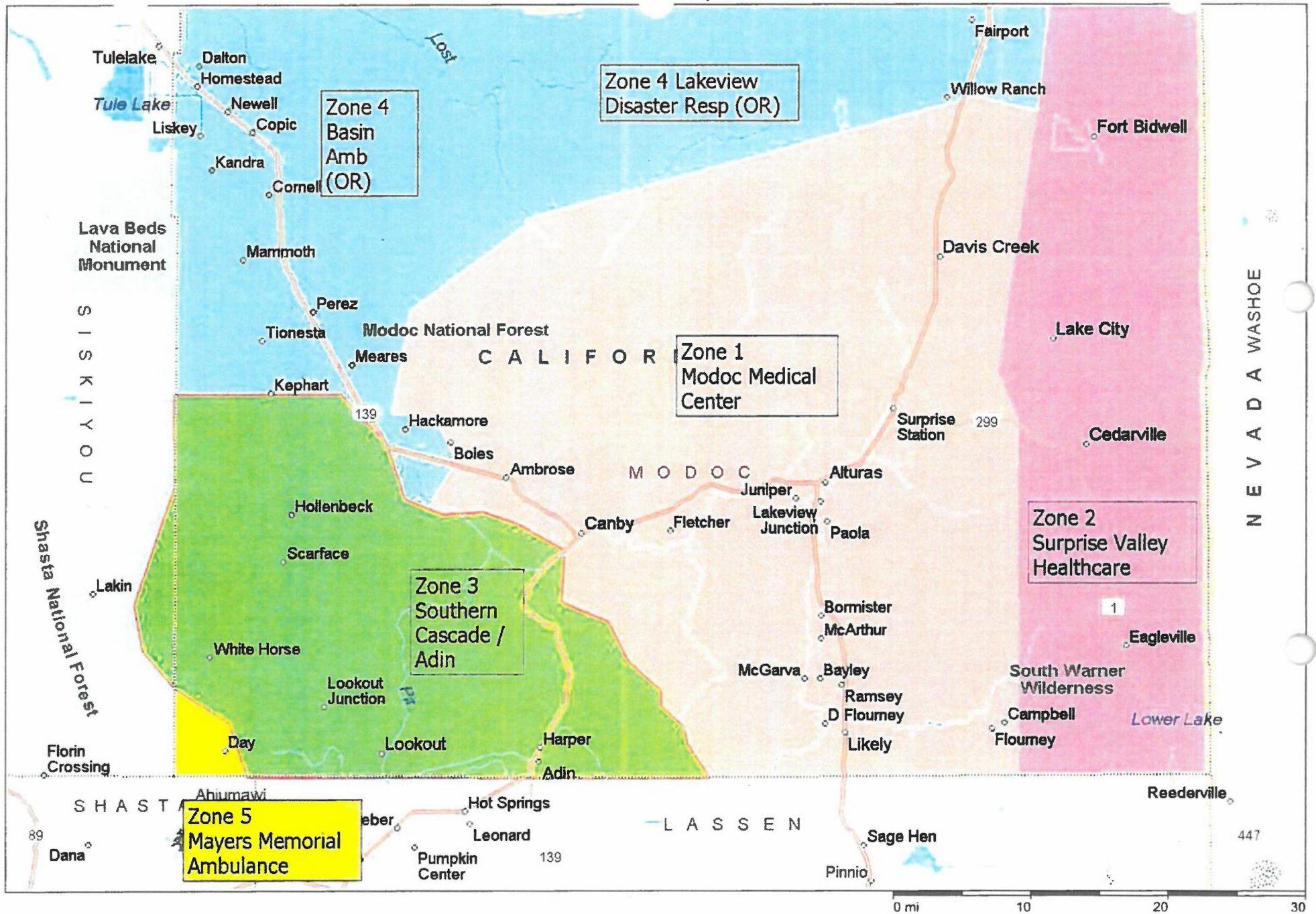
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

N/A



## Modr Map



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**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Plumas County	
<b>Area or Subarea (Zone) Name or Title:</b>  Zone 1	
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Chester Fire Protection District	
<b>Area or Subarea (Zone) Geographic Description:</b>  North: Lassen Volcanic National Park including Highway 89 to Summit Lake East: SR 36 to the top of Johnson's Grade including the rest area at the top of Johnson's Grade South: SR 89 up to and including the Lake Almanor Dam Southwest: SR 32 Southwest to the Tehama/Butte County line West: SR 36 to the SR 89 (North) intersection at the top of Morgan Summit  And wilderness areas most accessible by ground from those corridors	
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Non-exclusive	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  N/A	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A	



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc. / Plumas County
<b>Area or subarea (Zone) Name or Title:</b>  Zone 2
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  Peninsula Fire Protection District
<b>Area or subarea (Zone) Geographic Description:</b>  North: Lassen County line – wilderness area. North East: Highway 147 to the Lassen County line East: SR 36 to the Lassen County line West: Highway 36 to the top of Johnson's Grade – East of the rest area South: Highway 147 to 1.5 miles North of Hwy 89 – the area of Old Haun Road
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</b>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  N/A
<b>Method to achieve Exclusivity, if Applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:  Northern California EMS, Inc./ Plumas County
Area or subarea (Zone) Name or Title:  Zone 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  CareFlight (Greenville)
Area or subarea (Zone) Geographic Description  North West: Hwy 89 up to the Lake Almanor Dam, this is to include the community of Canyon Dam and the Community of Seneca North East: Hwy 147 to the area of Old Haun Road, 1.5 miles North on Hwy 147 <u>No additional changes:</u> Will continue to respond within the current Indian Valley Hospital District Boundaries South: Highway 89/70 junction at the Greenville Wye
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:  Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title:  Zone 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Plumas District Hospital Ambulance
Area or subarea (Zone) Geographic Description:  North: Highway 89/70 junction at the Greenville Wye West: Highway 70 to the Butte County Line East: Highway 70/89 to Mt. Tomba on the east end of Crombert West: Quincy Oroville Highway to the Butte County Line Southwest: La Porte Rd. to just North of Little Grass Valley (seasonal)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):  Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered

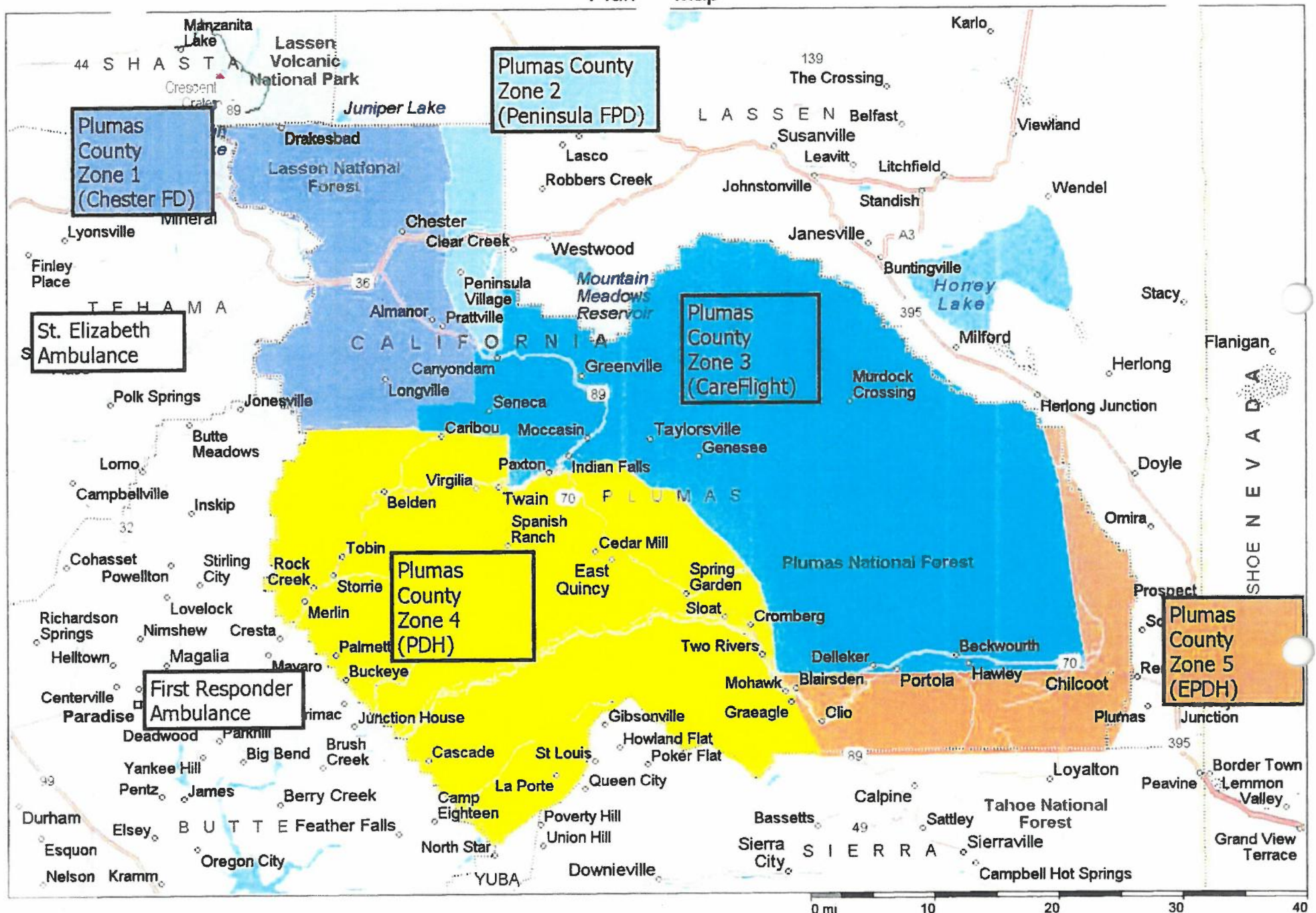
**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:  Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title:  Zone 5
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  Eastern Plumas Health Care Ambulance
Area or subarea (Zone) Geographic Description:  The Eastern Plumas Hospital District has the capabilities to extend its service area, but it is bordered on the north, east and south by the county boundary and on the west by two other hospital districts, which will prevent expansion.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):  N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>



# Plumas Map



While the language in Ambulance Zone Summary Forms 1-5 for Plumas County is correct, the the Plumas map will be updated and submitted in the next plan.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:  Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title:  Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Downieville Fire Department Ambulance
Area or subarea (Zone) Geographic Description:  North: To the Plumas County Line East : SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines  And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):  N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:  Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title:  Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Eastern Plumas Healthcare Ambulance
Area or subarea (Zone) Geographic Description:  North: Approximately 10-15 miles north of French Men Lake East : To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70  And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):  N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  <div style="text-align: center;">Northern California EMS, Inc./ Sierra County</div>
<b>Area or Subarea (Zone) Name or Title:</b>  <div style="text-align: center;">Zone 3</div>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small>  <div style="text-align: center;">Truckee Fire Protection District</div>
<b>Area or Subarea (Zone) Geographic Description:</b>  <div style="text-align: center;"> <p>North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860</p> <p>East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection)</p> <p>South: Nevada/Sierra County line</p> <p>West: Nevada/Sierra County line up to the USFS 07 Road</p> <p>And wilderness areas most accessible by ground from those corridors</p> </div>
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  <div style="text-align: center;">Non-exclusive</div>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small>  <div style="text-align: center;">N/A</div>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  <div style="text-align: center;">N/A</div>

This map of Sierra County, California, is divided into three distinct zones, each highlighted with a different color and labeled with a black border:

- Sierra County Zone 1 (Downieville):** Shaded in blue, located in the western part of the county.
- Sierra County Zone 2 (EPHC Amb):** Shaded in orange, covering the central and northern parts of the county.
- Sierra County Zone 3 (Truckee FPD):** Shaded in yellow, located in the southeastern part of the county.

The map also shows major roads (89, 49, 80), surrounding counties (Plumas, Lassen, Yuba, Placer, Nevada), and various towns and landmarks within Sierra County.

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**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc. / Trinity County
<b>Area or Subarea (Zone) Name or Title:</b>  Zone 1
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Trinity County Life Support
<b>Area or Subarea (Zone) Geographic Description:</b>  North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom  And wilderness areas most accessible by ground from those corridors
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Trinity County
<b>Area or Subarea (Zone) Name or Title:</b>  Zone 2
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Coffee Creek VFD Trinity Center VFD
<b>Area or Subarea (Zone) Geographic Description:</b>  North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine  And wilderness areas most accessible by ground from those corridors
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Trinity County
<b>Area or Subarea (Zone) Name or Title:</b>  Zone 3 – STAR (Southern Trinity Area Rescue)
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Southern Trinity Area Rescue
<b>Area or Subarea (Zone) Geographic Description:</b>  See attached map and specific response locations  Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Trinity County
<b>Area or Subarea (Zone) Name or Title:</b>  Zone 4 - Hoopa
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small>  Hoopa Ambulance
<b>Area or Subarea (Zone) Geographic Description:</b>  Extreme Western Trinity County. Western 14 miles of Highway 299
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small>  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A



Trinity\_Map

